



# Office of Addiction Services and Supports

## Permanent Supportive Housing Rental Assistance Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Referring Agency: \_\_\_\_\_ Referral Person: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Current Residence if Any: \_\_\_\_\_  
Telephone Number or Other Means of Contact: \_\_\_\_\_  
Alternate means of Contact: \_\_\_\_\_

☐ Copy of referral is attached

Current Living Situation (please check one)

- ☐ Non-housing (street, car, park, etc.)
- ☐ Emergency Shelter
- ☐ Transitional housing after having been homeless
- ☐ At risk of homelessness

Is documentation to support the individual's homeless status attached? ☐ Yes ☐ No

What is the qualifying disability?

Is documentation from a professional qualified to make a disability determination attached? ☐ Yes ☐ No

Name of the most recently completed treatment program:

Name of program currently attending (if applicable):

Individual's Demographics:

Ethnicity

☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

Race

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native                          | <input type="checkbox"/> Asian                                  |
| <input type="checkbox"/> Black/African American                                  | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> White   | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White   | <input type="checkbox"/> Black/African American & White         |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Other Multi-Racial                     |

Special Needs Program Qualifications: (For primary program participant only, please check all that apply):

☐ Alcohol Abuse ☐ Drug Abuse

Other (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Domestic Disability      | <input type="checkbox"/> Mental Illness      |

Total Monthly Income from each of the following sources:

Supplemental Security Income (SSI)	_____
Social Security Disability Income (SSDI)	_____
Social Security	_____
General Public Assistance	_____
Temporary Aid to Needy Families (TANF)	_____
Child Support	_____
Veteran's Benefits	_____
Employment Income	_____
Unemployment Income	_____
Medicare	_____
Medicaid	_____
Food Stamps	_____
Other (please specify)	_____

I certify that all of the information included in this application is true and correct

Applicant Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

The following documentation should be included with this form:

- Signed Release of Information form
- Form of identification with photo (i.e., driver's license, non-driver's license)
- Documentation of income (i.e., SSI/SSD, PA, pay stubs, etc.)
- Documentation of disability (letter from treatment provider, primary care provider, signed by professional qualified to make the diagnosis)
- Documentation of homelessness or at-risk of homelessness (i.e., letter from DSS; letter from emergency shelter; biopsychosocial)

☐ Domestic Disability

☐ Mental Illness

☐ HIV/AIDS and related diseases

☐ Other (please specify)